

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000047837

FILED
Feb 17, 2011
Secretary of State

Entity Name: LARREMORE ENTERPRISES OF N.W. FLORIDA, INC.

Current Principal Place of Business:

8259 NAVARRE PARKWAY
NAVARRE, FL 32566

New Principal Place of Business:

Current Mailing Address:

1020 SOUTH FERDON BLVD.
CRESTVIEW, FL 32536

New Mailing Address:

FEI Number: 26-2608078

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELTON & WILLIAMSON, LLC
1020 SOUTH FERDON BLVD.
CRESTVIEW, FL 32536 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P/D
Name: LARREMORE, BENJAMIN A.
Address: 1113 45TH ST.
City-St-Zip: NICEVILLE, FL 32578

Title: D
Name: LARREMORE, BARBARA A
Address: 1406 BAYSHORE DR.
City-St-Zip: NICEVILLE, FL 32578

Title: D
Name: LARREMORE, KARLA L.
Address: 1113 45TH ST.
City-St-Zip: NICEVILLE, FL 32578

Title: D
Name: PINEIRO, CARLOS B.
Address: 402 BAYWOOD DR.
City-St-Zip: NICEVILLE, FL 32578

Title: VP/D
Name: LARREMORE, DAVID L
Address: 1406 BAYSHORE DR.
City-St-Zip: NICEVILLE, FL 32578

Title: S/T
Name: PINEIRO, LISSETTE
Address: 402 BAYWOOD DR.
City-St-Zip: NICEVILLE, FL 32578

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LISSETTE PINEIRO

S/T

02/17/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date